

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 2 7

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

DECEMBER 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 7,088.00

b. FFY 2003 \$ 8,506.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 5aa

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same, Approved 2-4-00, TN 99-26

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to reflect the reimbursement methodology
for facial prosthesis.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

September 11, 2001

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot 1103

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEPTEMBER 20, 2001

18. DATE APPROVED:

OCTOBER 24, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

DECEMBER 01, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

October 24, 2001

Our Reference: SPA-AR-01-27

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-27, dated September 11, 2001. This amendment changes the reimbursement methodology for facial prosthesis services.

We have approved the amendment for incorporation into the official Arkansas State Plan effective December 1, 2001. If you have any questions, please call Sandie Hall at (214) 767-2216.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 5aa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: December 1, 2001

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices (Continued)

(14) Orthotic Appliances and Prosthetic Devices

For Medicaid eligible recipients age 21 and over the reimbursement is based on the lesser of the provider's actual charge for the services or the Title XIX (Medicaid) Maximum. The Title XIX (Medicaid) Maximum is based on the 1999 Medicare DME, Prosthetics, Orthotics and Supplies Fee Schedule less 18%.

(15) Facial Prosthesis

Reimbursement is based on the lesser of the provider's actual charge for the services or the Title XIX (Medicaid) Maximum. The Title XIX (Medicaid) Maximum is based on the 2000 Medicare DME, Prosthetics, Orthotics and Supplies Fee Schedule.

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|-----------------------------|---|
| STATE <u>Arkansas</u> | A |
| DATE REC'D <u>09-20-01</u> | |
| DATE APPV'D <u>10-24-01</u> | |
| DATE EFF <u>12-01-01</u> | |
| HCFA 179 <u>AR 01-27</u> | |

Supersedes AR 99-26